



Network Access Request Form

Information Technology Services - Massachusetts Department Of Public Health

Please be advised that all network account requests need to be submitted a minimum of one week prior to user's start date.

Create a New Account

Modify Existing Account

User Name/s

Delete Existing Account

(If bulk modifying, please
separate with commas)

GENERAL INFO

First Name M Last Name
Start Date Employment Status End Date
Division Supervisor
Site Room / Cubicle Phone #

*If NOT a State Employee.

SECURITY ACCESS

(Convenient) Please give user same rights as:

User Groups:

Add - Remove

Access to folders.

None - Read Only - Full

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

E-MAIL

User will not automatically receive an e-mail address, unless specifically requested in this section.

Email Account

Mailbox Size:

Distribution Lists

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

Add - Remove

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL

The following may require additional forms
Please check all that are required

Desktop Computer
 Laptop / Notebook
 BlackBerry

VPN
 Mainframe Access
 UAID

Other

Additional Software:
(Photoshop, Visio, etc.)

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

Additional Applications:
(MMARS, Meditech, etc.)

| | |
|--|--------------------------|
| <input type="checkbox"/> Drug Lab Access | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Notes: (When requesting a user termination, please specify if and who should receive a copy of user's files)

Requested By:

Date

Approved By:

Date